

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhlaw.com

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Divine, Lucas

Firm: U.S. Patent and Trademark Office
Art Unit 2624

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: January 17, 2006

Re: FLH Ref No.: 450101-02708
Serial No: 09/831,694

Number of Pages: 15
(including cover page)

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00337690

PATENT
450101-02708

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Yushi Ihara
 Serial No. : 09/831,694
 Filed : July 19, 2001
 For : IMAGE PRINTING SYSTEM
 Examiner : Divine, Lucas
 Art Unit : 2624

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0
Independent claims	10	Minus	** = 10	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ____ month following the expiration of the term originally set therefor. This is a petition to request a ____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ____ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ ____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on January 17, 2006.

Barnet Shindlman

(Name of person signing transmittal)



Signature

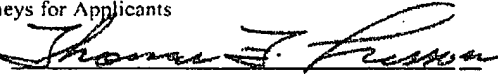
January 17, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


 Thomas F. Presson
 Reg. No. 41, 442

00337687

Appln. No. 09/831,694
Reply to Office Action of November 2, 2005

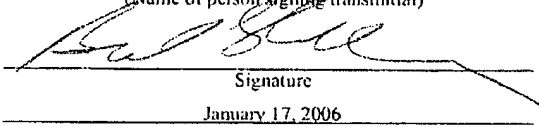
PATENT
450101-02708

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Yushi Ihara
Serial No. : 09/831,694
For : IMAGE PRINTING SYSTEM
Filed : July 19, 2001
Examiner : Divine, Lucas
Art Unit : 2624
Confirmation No. : 9558

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<u>Barnet Shindlman</u> (Name of person signing transmittal)
 Signature
<u>January 17, 2006</u> Date of Signature

AMENDMENT SUBMITTED UNDER 37 C.F.R. § 1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed on November 2, 2005, having three-month statutory period for response set to expire on February 2, 2006, please amend the above-identified application as follows.

Appl. No. 09/831,694
Reply to Office Action of November 2, 2005

PATENT
450101-02708

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 11 of this paper.